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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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AUG 2 5 2018

T SCHROEDER

# **COVER LETTER**

TO: Registration Section Division of Corporations

FState Sales LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeremiah Johnson Mike Debo
 Name of Person
RAPA EState salur LLI
Firm/Company
476 Belk grove LN
 Address
Royal DAImBrain fl. 33411
City/State and Zip Code J. Jeremich 48-2 ye ha. con
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

erenich Jhrsm at (<u>561</u> <u>427-3197</u> Area Code Daytime Telephone Number THE HOME NOT Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION	
OF	
PARE ESTATE SAIES LLC	
( <u>Name of the Limited Liability Company as it now appears on our records.</u> ) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{8/13/2.18}{19000192544}$	and assigned

This amendment is submitted to amend the following:

### A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:	
(Principal office address MUST <u>BE A STREET ADDRESS)</u>	
Enter new mailing address, if applicable:	
(Mailing address MAY <u>BE A POST OFFICE BOX)</u>	
	10A

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	Cirv	_ Florida

### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

•

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
MGR	Michael Debany	4460 Portofine way Apt 202 WPB FL 33409	🖬 🛲 dd
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			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	\$/17/2010. 
	Sumature of a member or authorized representative of a member
	Typed or printed name of signee